

PUBLIC HEALTH SERVICE (PHS) INDIAN HOSPITAL - KEAMS
CANYON, BUILDING 104
(Rock House)
Near the old hospital, 1/2 mile east of Highway 264
Keams Canyon
Navajo County
Arizona

HABS AZ-223-A
AZ-223-A

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

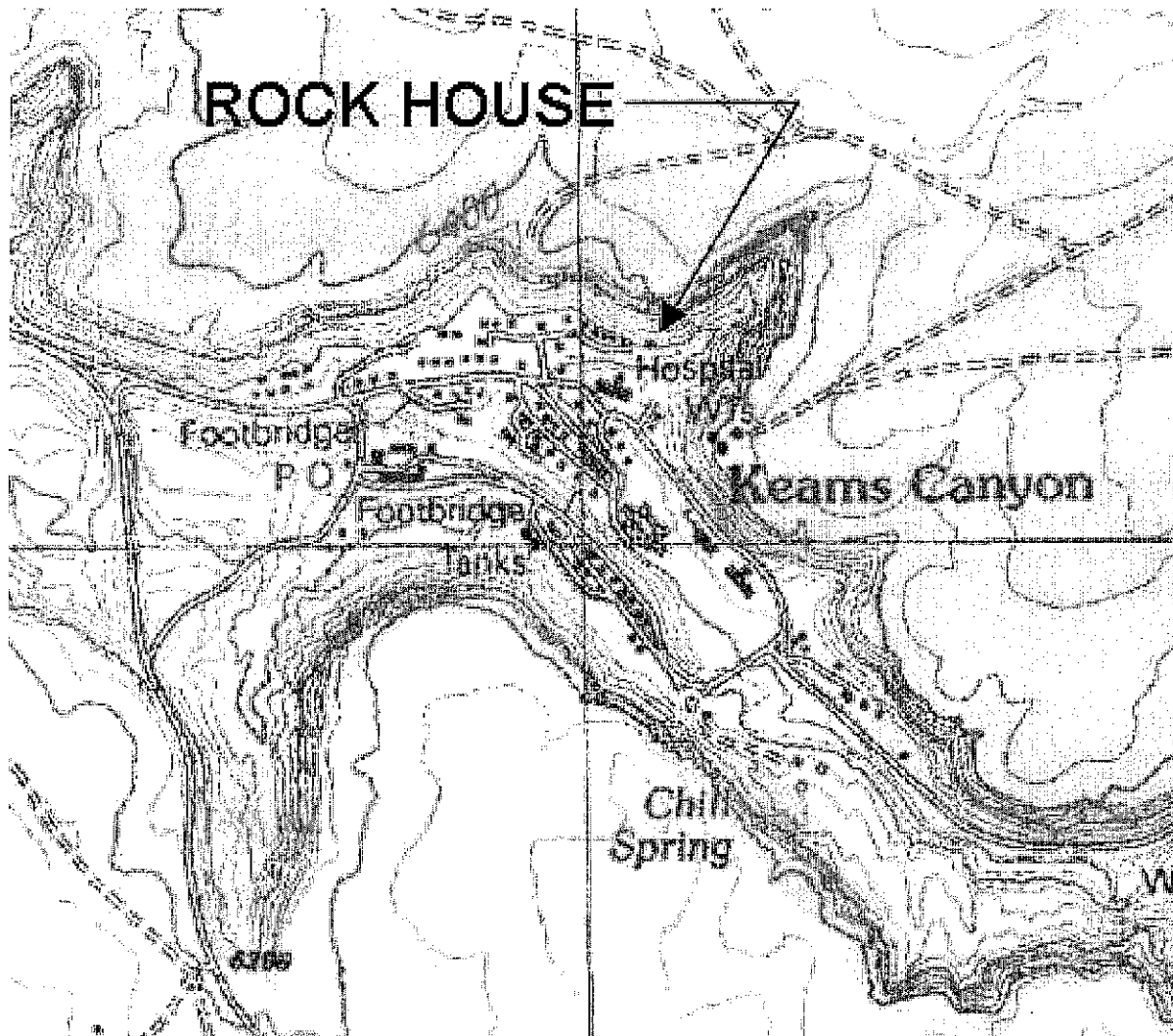
FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
PACIFIC WEST REGIONAL OFFICE
National Park Service
U.S. Department of the Interior
1111 Jackson Street, Suite 700
Oakland, CA 94607

HISTORIC AMERICAN BUILDINGS SURVEY
PHS INDIAN HOSPITAL-KEAMS CANYON, BUILDING 104
(ROCK HOUSE)

HABS NO. AZ-223-A

- Location: Keams Canyon, Hopi Indian Reservation, Navajo County, Arizona
USGS Keams Canyon, AZ, 7.5 minute quadrangle (provisional edition), 1991
Universal Transverse Mercator Coordinates: 12.573100.3963325
Situated at the head of a cul-de-sac on an unpaved road just above the old hospital, one-half mile east of Hwy. 264.
- Owner: Indian Health Service, Phoenix Area Office, U.S. Public Health Service, Department of Health and Human Services
- Use: Vacant; the building will be transferred to the Hopi Tribe.
- Significance: Indian Health Service Building 104 (locally known as the "Rock House") is currently an abandoned dwelling structure located near the old Public Health Service (PHS) hospital site in Keams Canyon. It was built in 1933 to provide additional living quarters for government personnel working in the agency town. The building was determined eligible for the National Register of Historic Places in 2003 under Criterion C for its vernacular style that reflects Native traditions and incorporation of the natural landscape; and under Criterion D for its potential to contribute information to the building's history.

Location Map:Description:

Building 104 is a single-story, square structure; approximately 1,139 square feet in size. The walls are made of rusticated ashlar sandstone and incorporate two sandstone outcrops on its north and south sides. The building sits on a poured concrete foundation. Sandstone parapet walls are found above the roofline on the building's north and south ends. A brick chimney sits in the structure's northwest corner, but is not integrated into the structure, which suggests it is a later addition. The windows are 1/1 wood casements with wood surrounds, concrete lintels, and sandstone sills. The building has a low-pitched gable roof covered with roll roofing. The interior

space was originally divided into four rooms with a doorway centered on the west wall. A two-room, wood-sided addition with a shed roof is located on the structure's east elevation. This addition houses a utility room and bathroom and adds 175 square feet to the building. It is thought that this addition was built in the 1950s. A date of "1933" was carved into the stone masonry above the lintel just south of the main entrance. This is thought to record the original date of construction.

History:

General Context – The history of the U.S. Government's involvement in Indian health care dates as far back as 1824, when the Indian Office – forerunner of today's Bureau of Indian Affairs (BIA) – was organized under the War Department.¹ The Indian Office sent Army doctors to communities in Indian Country to provide health care service to indigenous populations. The Indian Office was transferred to the Department of the Interior in 1849, where it continued the policy of providing health care, although it was often substandard, since health care for Indians was not a high federal priority. The Medical and Education Division was created within the Indian Office in 1873.

Despite instituting Western medical practices on the reservation, the percentage of Indian children and adults receiving the benefits of this health care was still very small, and Indian people continued to be ravaged by diseases of European origin, to which Indians had little or no natural resistance. In response to this problem the 1928 Meriam Report severely criticized existing federal Indian policies for fostering poverty and unhealthy living conditions among Indians, and subsequently the Division of Health was created within the Indian Office.² The 1933 appointment of well-known Indian reformer John Collier as Commissioner of Indian Affairs signaled the beginning of a new era in federal Indian policy, and by 1942, there were 78 general hospitals and 12 sanatoriums built exclusively to serve Indian people.³

After the Second World War, Congress instituted a policy of termination signaling another change in Indian policy direction. Under this policy, the federal government hoped to assimilate Indian people once and for all into mainstream American culture, and attempted to have Indian and non-Indian populations share facilities, including health care facilities. In 1954, Public Law 83-568 transferred health services from the Bureau of Indian Affairs to the Public Health Service (PHS); within the PHS, the Indian Health Service (IHS) was then created. The PHS and IHS are within the Department of Health and Human Services.⁴ Since then, all health care facilities have been under the umbrella of the IHS.

Despite hopes to the contrary, the transfer of health services out of the BIA did not significantly improve the quality of Indian health care. The policy of termination was abandoned in the early 1960s, signaling yet another shift in the direction of federal Indian policy, during which additional funding was once more put into Indian-specific health care programs and facilities, and in particular into sanitation facilities construction, in hopes of improving environmental living conditions for Indians on reservations. Two acts passed in the 1970s re-emphasized health care under the new federal policy of Indian self-determination: the 1975 Indian Self-

Determination Act (Public Law 93-638) which offered Indians the option of managing their own health care, and the Indian Health Care Improvement Act (P.L. 94-437), amended in 1980, which had a stated goal of elevating the health status of American Indians to that of the general population.⁵ The role of the IHS, and of the federal government, continues to evolve as many tribes begin to assume more and more responsibility for meeting their own health care needs.

Local Context – Keams Canyon was named after the Englishman Thomas Varker Keam who established a small trading post located at Peach Orchard Springs at the far eastern end of the Hopi Reservation in the 1860s. In 1867 the U.S. government selected the site to build the first government school for the Hopi villages. Soon thereafter the Office of Indian Affairs (later known as the Bureau of Indian Affairs) built additional facilities to carry out federal Indian policy, including the first medical facility in 1877. By the end of the nineteenth century, Keams Canyon became an administrative and trading center (called *Pongsikui* – “government town” – by the Hopis) that became the hub of social and commercial interaction between Hopis and government agents, doctors, and traders.⁶ In 1913 a new hospital building was constructed on the hill overlooking the town. Numerous houses, including Building 104, were built throughout the first half of the twentieth century to house government employees and traders. Upon its creation in 1955, the Indian Health Service acquired the medical-related buildings and some of the residences, including Building 104. By the end of the twentieth century, Keams Canyon as a government center had largely been abandoned. Many of the BIA offices were relocated to the Hopi village of *Kykotsmovi*, site of the Hopi Tribe’s governmental offices, and new schools and a new hospital were constructed outside of the canyon closer to the Hopi villages.

Sources:

¹ J. G. Townsend, "Indian Health – Past, Present, Future," in *The Changing Indian*, edited by Oliver LaFarge, Norman: University of Oklahoma Press, 1942, p. 31.

² Lewis Meriam, *The Problem of Indian Administration*, Baltimore: Johns Hopkins Press, 1928. Reprinted: Johnson Reprint, N.Y., 1971.

³ Townsend, "Indian Health," p. 32.

⁴ Donald L. Fixico, *Termination and Relocation. Federal Indian Policy, 1945 – 1960*, Albuquerque: University of New Mexico Press, 1986. Wilcomb Washburn, "The Native American Renaissance, 1960 – 1995," in *The Cambridge History of the Native Peoples of the Americas: Vol. 1, North America, Part 2*, edited by Bruce G. Trigger and Wilcomb E. Washburn, New York: Cambridge University Press, 1996, p. 408.

⁵ Washburn, "Native American Renaissance," p. 408.

⁶ Edward H. Spicer, *Cycles of Conquest*, Tucson: University of Arizona Press, 1981, p. 468.

Additional Sources Consulted:

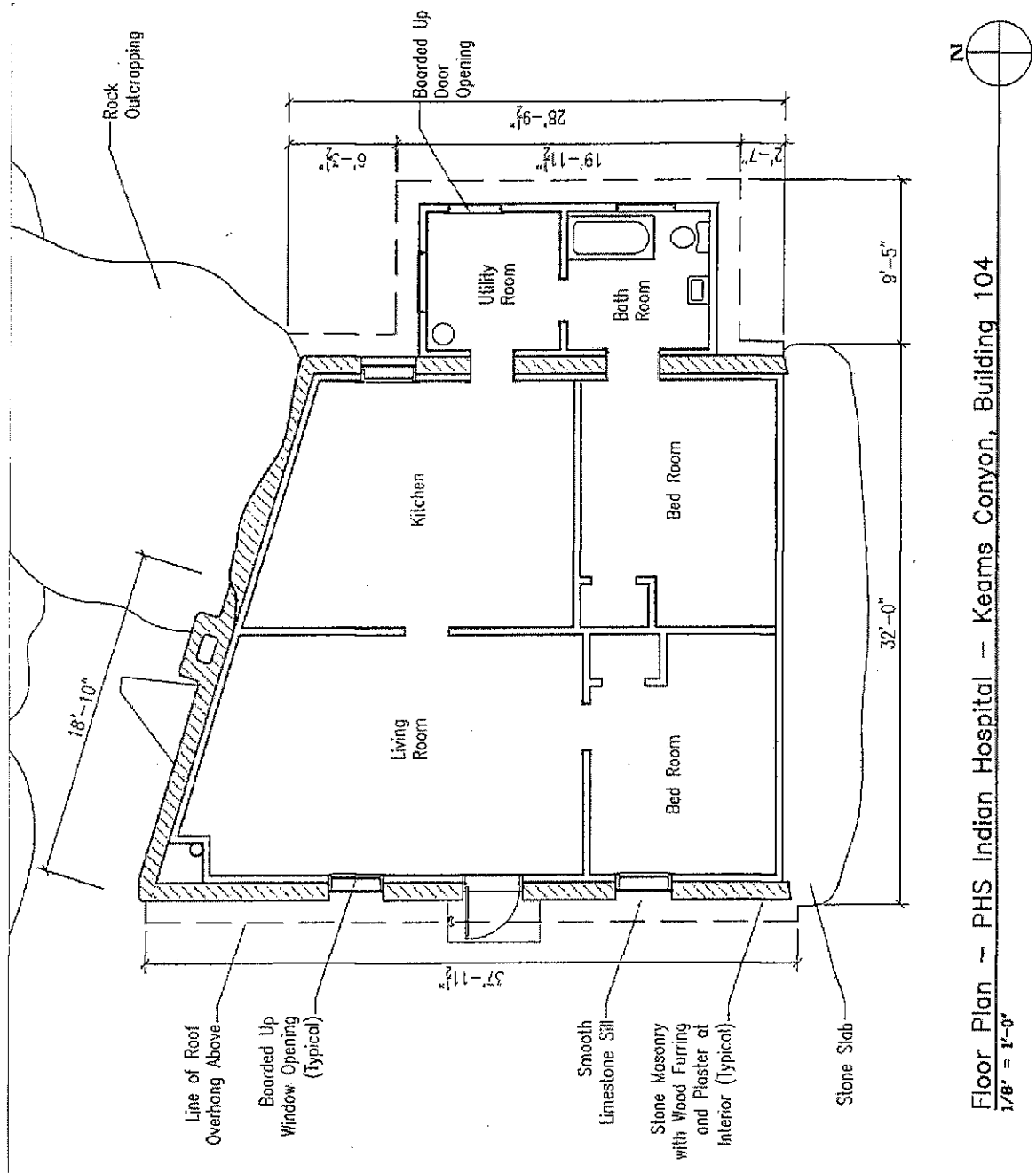
Hopi Agency Files, Record Group 75, Bureau of Indian Affairs, National Archives and Records Administration, Pacific Region, Laguna Niguel, CA.

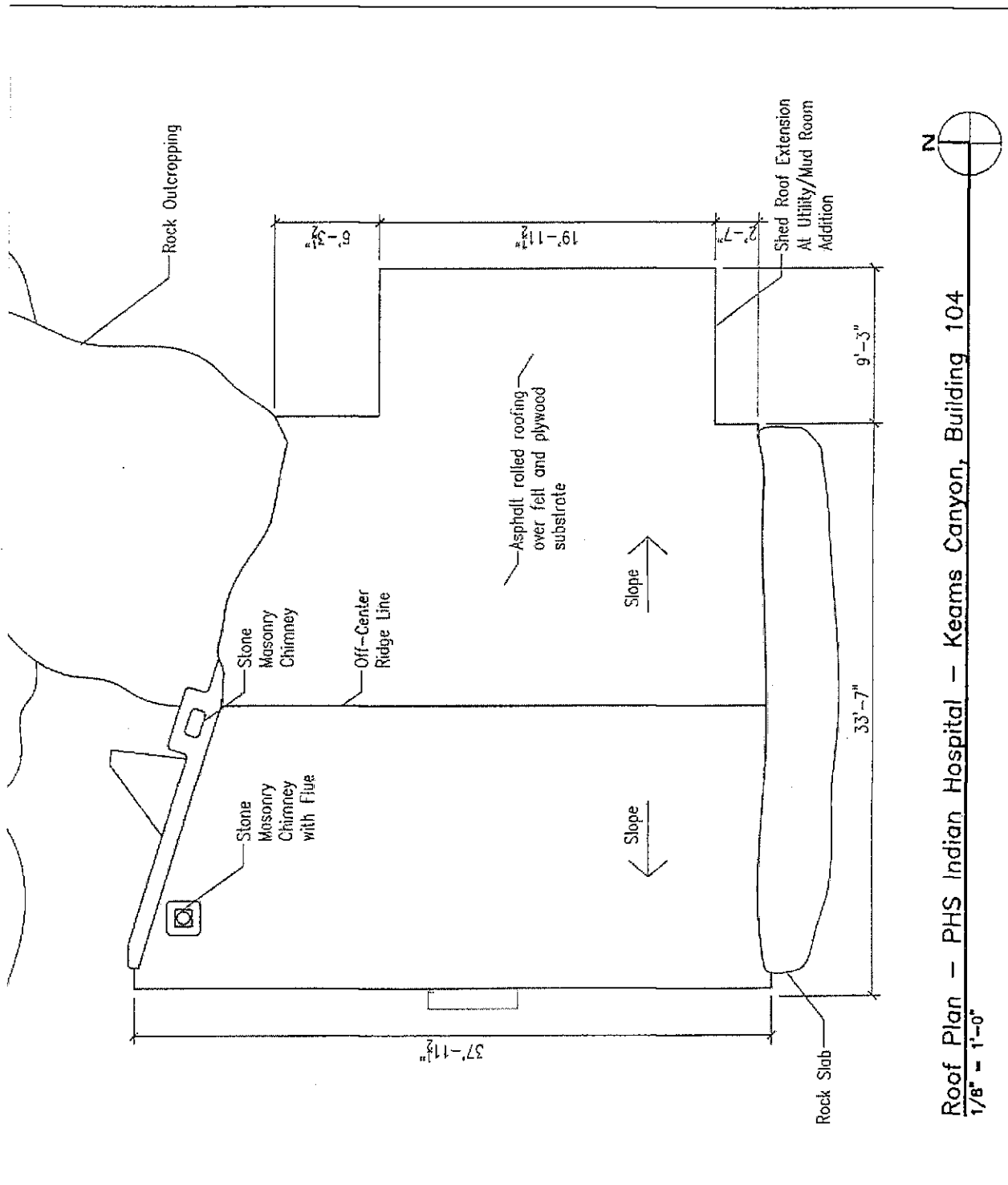
Project Information

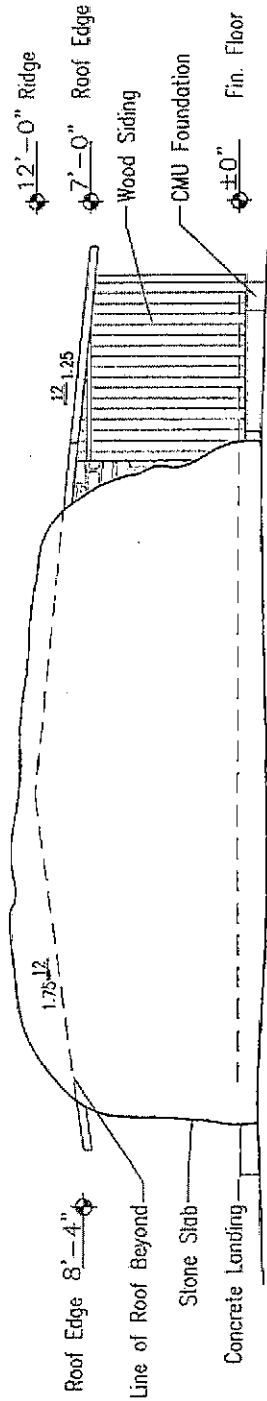
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William A. Dodge, Ph.D., Senior Cultural Historian, Van Citters: Historic Preservation, LLC, Albuquerque, New Mexico (project director, research and text preparation)
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John Hamilton, P.E., Phoenix Area Indian Health Service, Office of Environmental Health & Engineering, Phoenix, Arizona (agency contact)

Preparation date: 27 August 2008

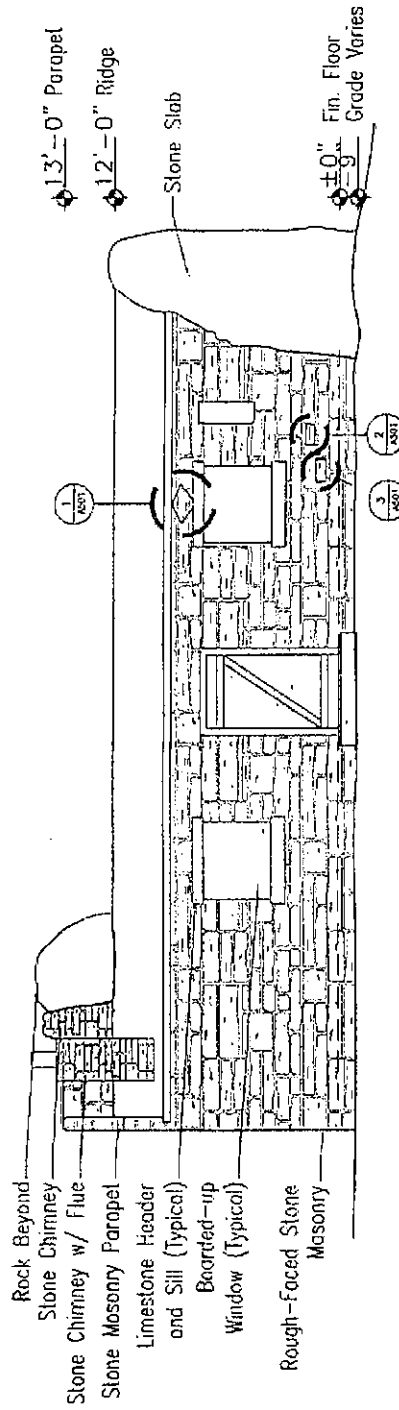
Supplemental Materials:



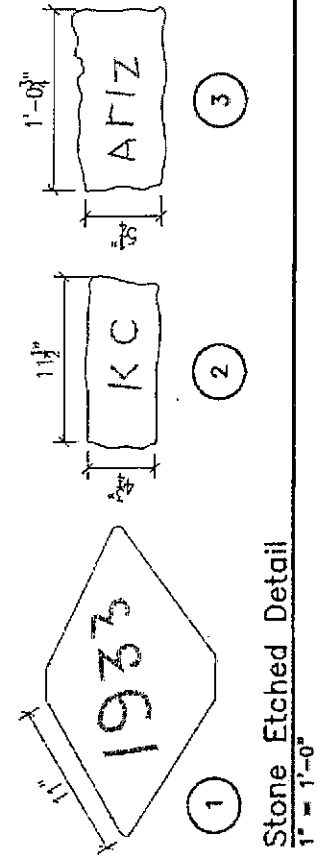


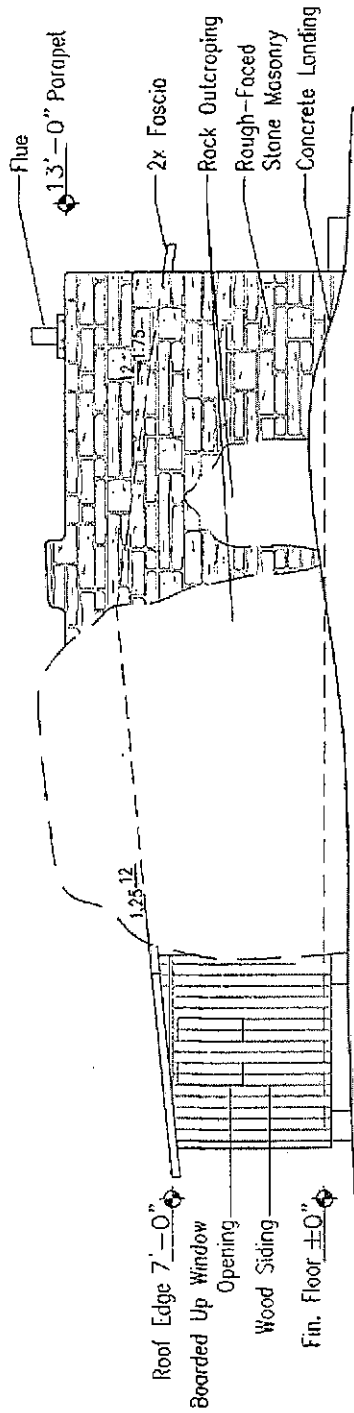


South Elevation - PHS Indian Hospital - Keams Canyon, Building 104
1/8" = 1'-0"

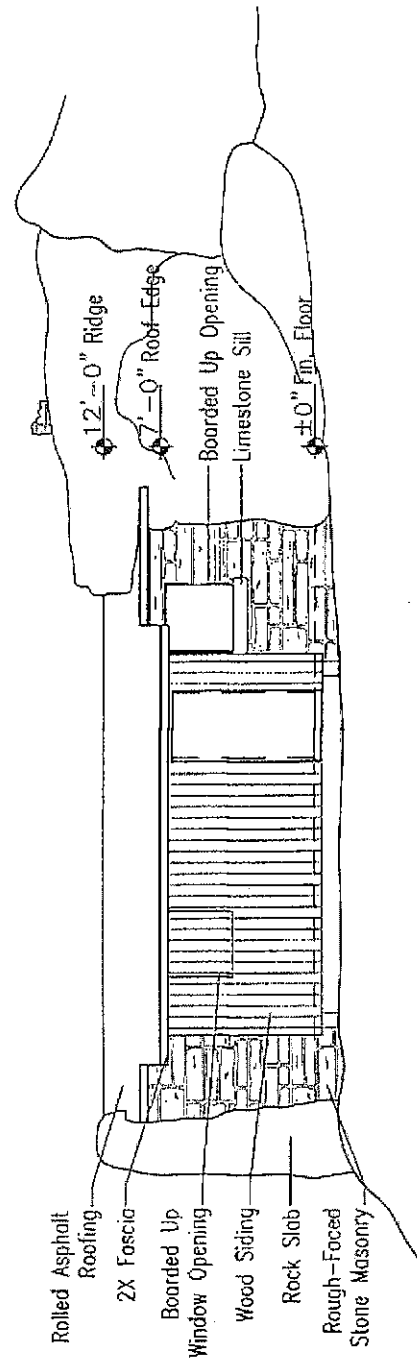


West Elevation - PHS Indian Hospital - Keams Canyon, Building 104
1/8" = 1'-0"

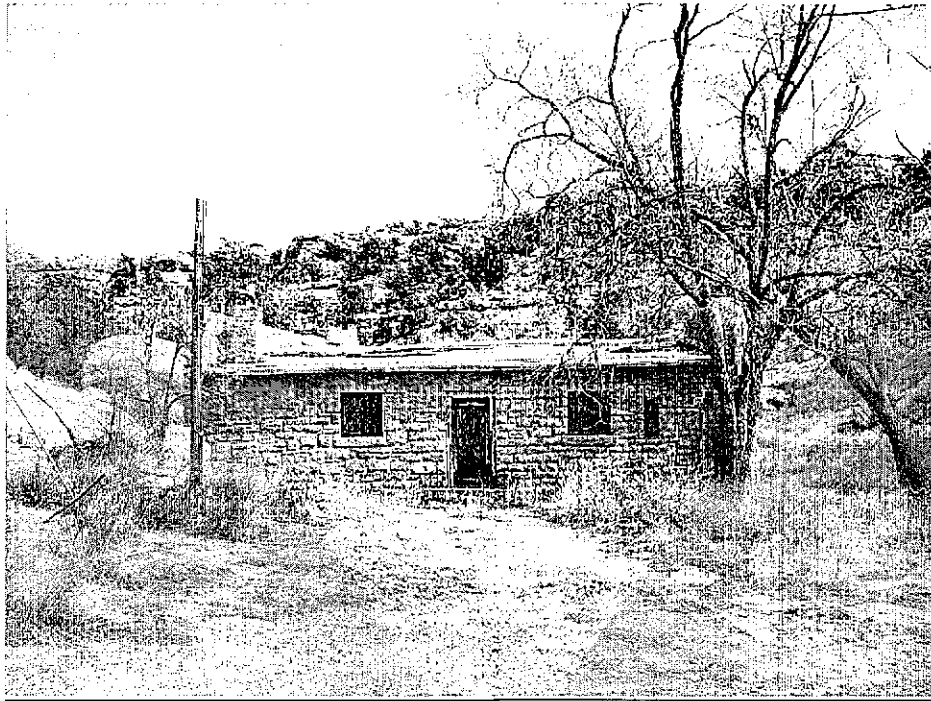




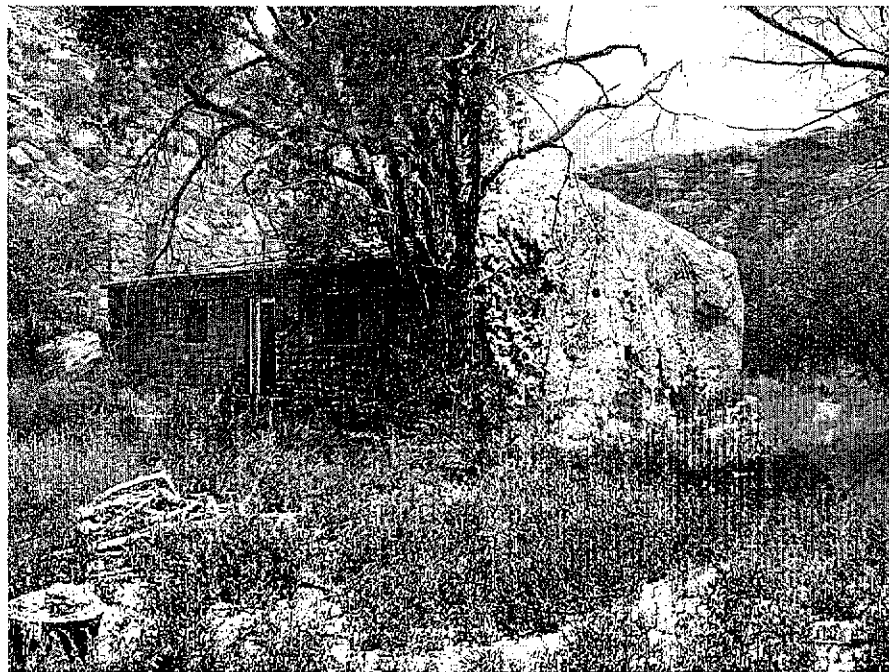
North Elevation - PHS Indian Hospital - Keams Canyon, Building 104
1/8" = 1'-0"



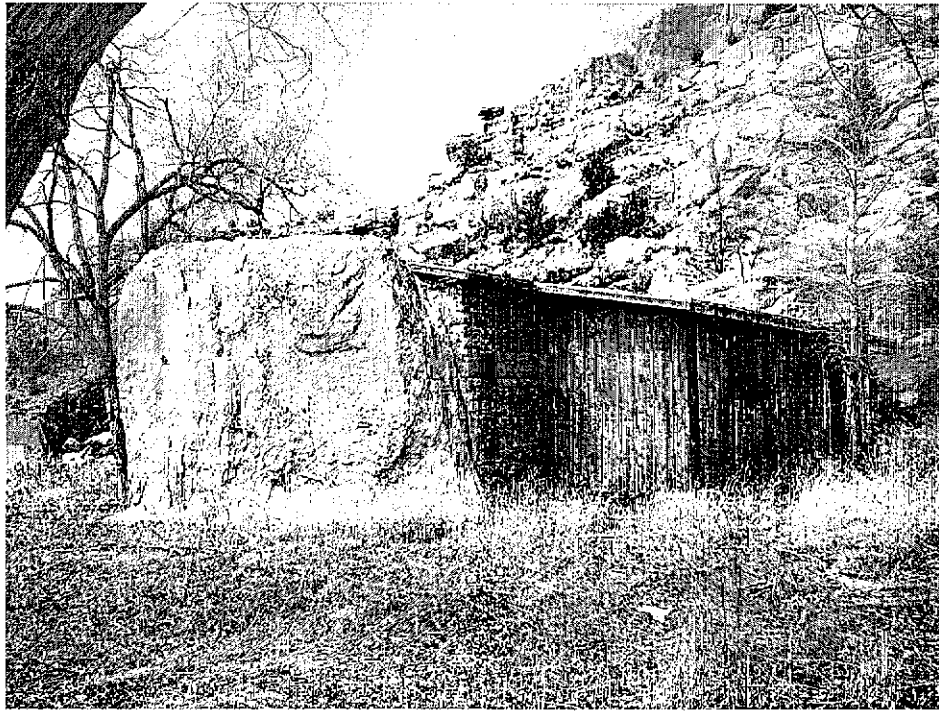
East Elevation - PHS Indian Hospital - Keams Canyon, Building 104
1/8" = 1'-0"



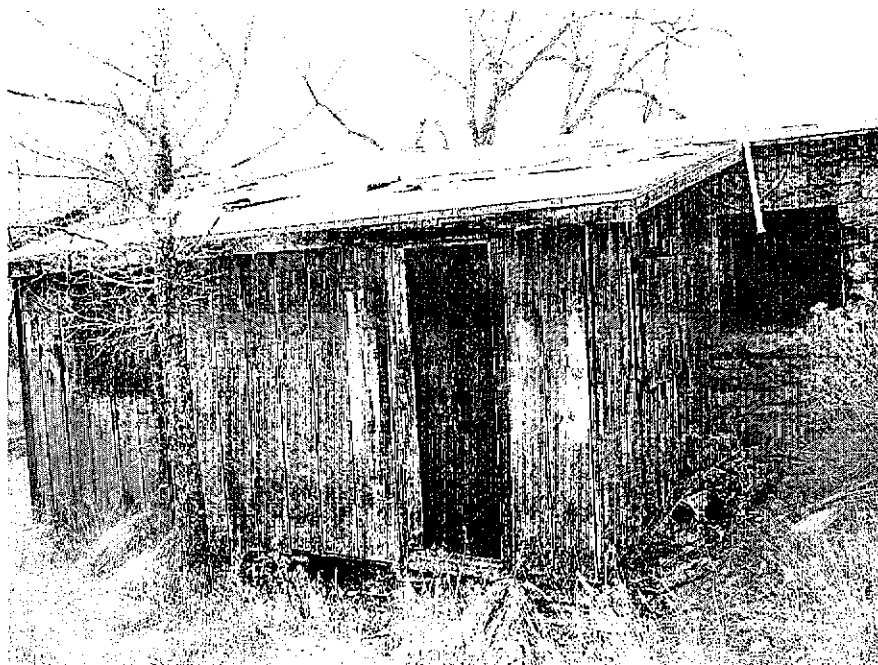
HABS NO. AZ-223-A (Rock House) West Elevation



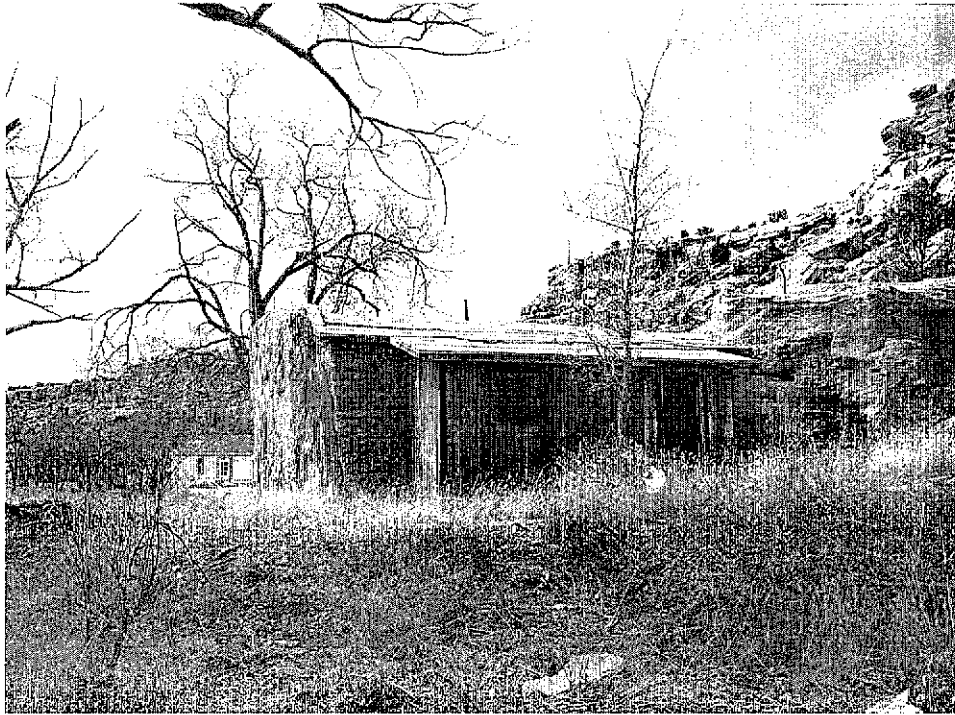
HABS NO. AZ-223-A (Rock House) Southwest Corner



HABS NO. AZ-223-A (Rock House) Southeast Corner Showing Addition



HABS NO. AZ-223-A (Rock House) Shed Roof Addition



HABS NO. AZ-223-A (Rock House) East Elevation



HABS NO. AZ-223-A (Rock House) North East Corner Showing Interface with Sandstone